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038091 7590 03/29/2005

LERNER DAVID, LITENBERG, KRUMHOLZ & MENTLIK
600 SOUTH AVENUE WEST

06/29/2005 10/611,390 10611390

01 FC:1501 1400.00 DA
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/611,390	07/01/2003	Delin Li	TESSERA 3.0-272	1533

TITLE OF INVENTION: ASSEMBLIES HAVING STACKED SEMICONDUCTOR CHIPS AND METHODS OF MAKING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, MAI HUONG C	2818	257-678000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 2 3
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Tessera, Inc.
(B) RESIDENCE: (CITY and STATE OR COUNTRY)
San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 13	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 12-1095 (enclose an extra copy of this form).
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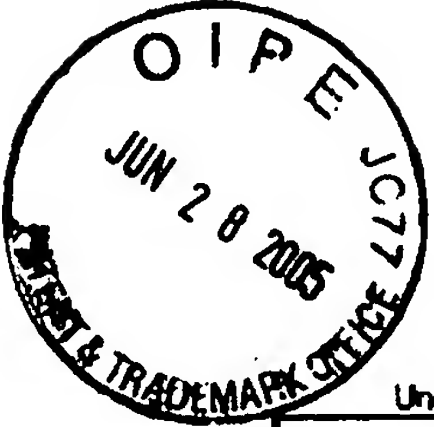
5. Change in Entity Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature John A. Nelson Date 6/28/05
Typed or printed name John A. Nelson Registration No. 26,573

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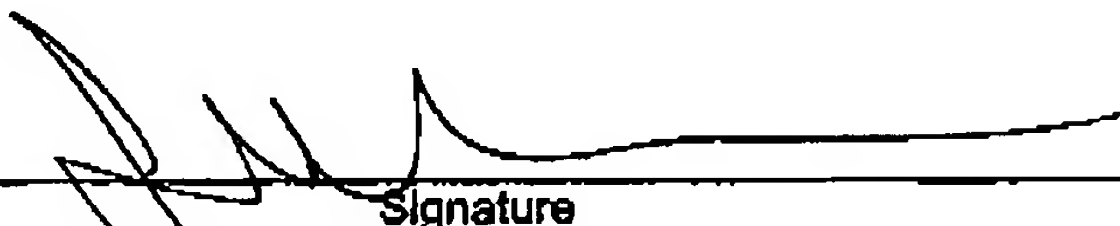
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FACSIMILE TRANSMISSION**ISSUE FEE TRANSMITTAL
AND PUBLICATION FEE****ATTORNEY DOCKET NO.: TESSERA 3.0-272****APPLICATION NO.: 10/611,390****CONFIRMATION NO.: 1533****MAILING DATE OF NOTICE OF ALLOWANCE: March 29, 2005****FAX NUMBER: (703) 746-4000****PAGES INCLUDING COVER SHEET: 2****PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

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on June 28, 2005
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